

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

42-63-012543

FILED MAR 29 1963

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo. b. COUNTY McDONALD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEOSHO		c. CITY OR TOWN ANDERSON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SALE MEMORIAL		d. STREET ADDRESS (If outside, give location) Rt. #3	

3. NAME OF DECEASED (Type or print) First Middle Last FRANK EDWARD GRISSOM			4. DATE OF DEATH Month Day Year 3 23 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/23/1887	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) McDONALD Co., Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME JACOB GRISSOM		13b. MOTHER'S MAIDEN NAME SARAH KELLEY	
14. NAME OF HUSBAND OR WIFE LETHA GRISSOM		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT NORMAN GRISSOM - NEOSHO, Mo.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lymphatic Leukemia DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION NEOSHO, MISSOURI				
21. I attended the deceased from 1958 to 3-23-63 and last saw him alive on 3-23-63 Death occurred at 7:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.					

22. SIGNATURE H. Blankenship (Degree or title) M.D.		22b. ADDRESS Neosho, Missouri		22c. DATE SIGNED 3-26-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/26/63	23c. NAME OF CEMETERY OR CREMATORY ANDERSON CEMETERY		23d. LOCATION (City, town, or county) ANDERSON Mo.	
24. FUNERAL DIRECTOR DOWNEY-WOODARD-MOONEY INC. - ANDERSON, Mo.		25. DATE RECD. BY LOCAL REG. 3-25-63		26. REGISTRAR'S SIGNATURE Dorlene Belka	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

MAY 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Douglas G. Mooney

Licensed Embalmer No. 5199

P. O. Address Anderson, Mo.

Notes: (The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.